Data Notes for Medicaid Transformed Medicaid Statistical Information System Analytic Files (TAF) Long-Term Services and Supports Annual Expenditures and Users, 2023

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Introduction and methodology

This document includes long-term services and supports (LTSS) Transformed Medicaid Statistical Information System Analytic File (TAF) data quality (DQ) measure results, state data notes, and data anomalies to be used as contextual information for the Medicaid LTSS Annual Expenditures and Users 2023 TAF data tables and research briefs summarizing key findings, which are available at https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations/index.html.

The Medicaid LTSS Annual Expenditures and Users data tables contain institutional LTSS and HCBS categories. Institutional LTSS categories include nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), mental health (MH) facilities, and disproportionate share hospital (DSH) payments to MH facilities. HCBS categories include section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed personal assistance services (PAS) option, section 1915(k) Community First Choice option, Money Follows the Person (MFP) demonstration, Program of All-Inclusive Care for the Elderly (PACE), section 1905(a) state plan personal care services, section 1905(a) state plan home health services, section 1905(a) state plan rehabilitative services, section 1905(a) state plan case management services, and section 1905(a) state plan private duty nursing services.[1]

Approach for 2023 TAF DQ notes. New for 2023, we developed a set of eight LTSS TAF DQ measures to summarize potential issues with the data underlying the LTSS user and expenditure output by service type (home and community-based services [HCBS] and institutional LTSS [ILTSS]) and delivery type (fee-for-service [FFS] and managed care [MC]) (Table 1).

Table 1. LTSS TAF DQ measures

TAF DQ measures for LTSS users	TAF DQ measures for LTSS expenditures
HCBS FFS Users	HCBS FFS Expenditures
HCBS MC Users	HCBS MC Expenditures
ILTSS FFS Users	ILTSS FFS Expenditures

[1] Section 1905(a) categories included in these analyses are limited to HCBS-related service categories. Other Medicaid State Plan benefits authorized under Section 1905(a) are outside the scope of these analyses.

TAF DQ measures for LTSS users	TAF DQ measures for LTSS expenditures
ILTSS MC Users	ILTSS MC Expenditures

DQ = data quality; FFS = fee-for-service; HCBS = home and community-based services; ILTSS = institutional long-term services and supports; LTSS = long-term services and supports; MC = managed care; TAF = Transformed Medicaid Statistical Information System Analytic Files.

The LTSS TAF DQ measures incorporate the following components:[2]

- **DQ Atlas assessments.** We include TAF DQ Atlas topics that are relevant to LTSS user and expenditure calculations and specific to either ILTSS or HCBS.[3]
- **Comparison of TAF data to CMS-64 data**.[4] We compare LTSS categories in the CMS-64 to the user and expenditure categories we identify in the TAF. We flag service categories for which we do not identify TAF users or expenditures but more than $1,000 in CMS-64 expenditures (or vice versa) as an issue that can contribute to the measure ratings.[5]
- **Comparison of TAF data to HCBS authority status.** We compare public information about HCBS authorities that exist in each state to the HCBS programs under which we have identified users or expenditures in the TAF. We flag HCBS authority service categories—section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed personal assistance services (PAS) option, or section 1915(k) Community First Choice option—that are found in TAF data but do not appear for the state in the HCBS by Authority Medicaid and Children's Health Insurance Program (CHIP) Scorecard measure.[6] The HCBS by Authority Medicaid and CHIP Scorecard measure represents states' HCBS authorities at a point in time; for example, the 2023 measure reflects states' HCBS authorities as of May 31, 2023.
- **Comparison of TAF LTSS Users to Expenditures.** We compare LTSS categories in the TAF for which we identify users[7] to those for which we identify expenditures. We flag categories for which there are only

[2] For more information about the methodology and the versions of the TAF that were used to produce the results, see the document titled, "Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2023", available at https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations/index.html. More information about the 2023 LTSS TAF DQ measure results is also available in the document titled, "DQ Analysis: Medicaid Home and Community-Based Services and Institutional Long-term Services and Supports in the 2023 T-MSIS Analytic Files."

[3] For more information on the TAF DQ Atlas, including thresholds for determining data usability and definitions of key terms, refer to the Background and Methods section for each topic, available at https://www.medicaid.gov/dq-atlas/.

[4] The Form CMS-64, commonly referred to as the CMS-64, is used by states to report their Medicaid benefit costs and administrative expenses to the Centers for Medicare & Medicaid Services (CMS), which uses the data to calculate state federal financial participation. More information about the CMS-64 is available here: https://www.cms.gov/about-cms/information-systems/medicaid-budget-expenditure.

[5] We require at least $1,000 in expenditures in the CMS-64 to attempt to avoid capturing anomalies or small prior period adjustments for service categories that are no longer relevant in a state. We must identify at least 11 TAF users to flag a service category as present in the TAF but not in the CMS-64.

[6] The full measure description is available at https://www.medicaid.gov/state-overviews/scorecard/measure/Home-and-Community-Based-Services-by-Authority?keywords=%5B%226%22%5D&measure=CD.2&measureView=state&stratification=659&dataView=pointInTime&chart=map&timePeriods=%5B%22May%2031,%202024%22%5D.

[7] We must identify at least 11 TAF users to flag a service category as present in the TAF LTSS user count but not in the TAF LTSS expenditures.

users or expenditures reported in the TAF. We include all institutional and HCBS categories that appear in the LTSS expenditure and user count calculations.

For each of the eight summary measures, we assign a state's TAF data a rating based on the state's performance on the components listed above. Each state receives a rating of high concern, medium concern, low concern, or unclassified, which can be interpreted as follows:

- High concern: Major problems in the completeness or reliability of the TAF data are likely to impede analysis of a given topic.
- Medium concern: Some problems were identified that may affect the usability of the TAF data for analyzing a given topic.
- Low concern: No major problems were identified that would affect the usability of the TAF data for analyzing a given topic.
- Unclassified: The topic is not applicable in the state.

The ratings for the eight LTSS TAF DQ summary measures for each state are included in Table 2 (HCBS measures) and Table 3 (ILTSS measures). Notes on the underlying components that led to high or medium concern ratings for the eight LTSS TAF DQ summary measures are included in the "2023 TAF DQ notes" column of Table 4, under the "LTSS TAF DQ measure component notes" header.

In addition to the DQ components included in the LTSS TAF DQ measures, we provide information on the quality of states' TAF data in the "2023 TAF DQ notes" column of Table 4 under the "Additional TAF DQ notes that did not contribute to measure ratings" heading for the following areas:

- **HCBS service categories that did not contribute to measure ratings**. Only a state's three largest HCBS service categories (by percentage of total HCBS users for the user measures or total HCBS expenditures for the expenditure measures) could contribute to the state's HCBS measure ratings. Concerns about TAF data for the other seven HCBS service categories that were not among a state's top three largest categories are included here.
- **Enrollee characteristics.** We note states with beneficiary information (including age, sex, dual eligibility, primary language, and ZIP code) that is considered unusable or a high level of concern according to the TAF DQ Atlas because it may adversely affect the stratified output in the LTSS publications. However, these issues are not expected to adversely affect the overall HCBS and institutional output for a state, so they are included as additional information.
- **Consistency between TAF data elements indicating HCBS program participation.** We note instances where states' HCBS program enrollment information in the TAF Demographic and Eligibility (DE) enrollment file is inconsistent with HCBS program information reported on claims and encounters in the TAF Other Services (OT) file. For states that identify enrollees in HCBS programs in the DE file, we would expect to identify claims for those programs in the OT files. A discrepancy might indicate the TAF-based users or expenditures for that HCBS category are over or underreported.
- **Additional TAF DQ issues that could affect LTSS output.** We note states that have data considered unusable or a high level of concern according to the TAF DQ Atlas for additional general DQ Atlas assessments that may adversely affect the output in the LTSS publications, but the impact is less clear

than for the components included as part of the LTSS-specific TAF DQ measures. For example, states with data considered unusable or a high level of concern for the Medicaid-Only Enrollment topic, which compares Medicaid enrollment in the TAF to enrollment in Eligibility and Enrollment Performance Indicator (PI) data, may have issues reporting enrollment for Medicaid enrollees using HCBS or ILTSS or may have issues reporting enrollment for other Medicaid populations that do not use LTSS. Because we did not assess whether the general DQ issue in TAF was also true for the LTSS user population included in the LTSS analyses, we did not include general DQ Atlas assessments (like the Medicaid-Only Enrollment assessment) as components of the LTSS-specific TAF DQ measures. However, we do include these assessments in Table 4, as the results may still affect the output in the LTSS publications.

Approach for state feedback notes on results. We sent each state Medicaid agency a preview of our calculations for their LTSS results for 2023 along with a companion methodology document. We hosted a webinar for states to provide an overview of the preview files and our methodology, and states had the opportunity to ask questions about the methods and results. After this webinar, we collected feedback from states about the results through email and via web meetings, with a deadline for responses by the end of October 2025. State comments have been condensed and are included in the column in Table 4 labeled "State feedback notes."

Table 2. HCBS TAF DQ measure ratings by state, 2023

State	HCBS FFS User	HCBS MC User	HCBS FFS Expenditure	HCBS MC Expenditure
Alabama	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Alaska	High Concern	Unclassified	Medium Concern	Unclassified
Arizona	Low Concern	Medium Concern	Low Concern	Medium Concern
Arkansas	Low Concern	Medium Concern	Low Concern	Medium Concern
California	Low Concern	Medium Concern	High Concern	High Concern
Colorado	Low Concern	Low Concern	Low Concern	Low Concern
Connecticut	Low Concern	Unclassified	Low Concern	Unclassified
Delaware	Medium Concern	Medium Concern	Medium Concern	Medium Concern
District of Columbia	Medium Concern	Medium Concern	Low Concern	Medium Concern
Florida	Low Concern	Medium Concern	Low Concern	Medium Concern
Georgia	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Hawaii	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Idaho	Medium Concern	Low Concern	Medium Concern	Low Concern
Illinois	Low Concern	Medium Concern	Low Concern	Medium Concern
Indiana	Medium Concern	Medium Concern	High Concern	High Concern
Iowa	Low Concern	Low Concern	Low Concern	Low Concern
Kansas	Low Concern	Low Concern	Low Concern	Low Concern
Kentucky	Medium Concern	Low Concern	Medium Concern	Low Concern
Louisiana	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Maine	Low Concern	Unclassified	Low Concern	Unclassified
Maryland	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Massachusetts	High Concern	High Concern	High Concern	High Concern
Michigan	Low Concern	Low Concern	Medium Concern	Low Concern
Minnesota	High Concern	High Concern	High Concern	High Concern
Mississippi	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Missouri	Low Concern	Medium Concern	Medium Concern	Medium Concern
Montana	Low Concern	Unclassified	Low Concern	Unclassified
Nebraska	Medium Concern	Low Concern	Low Concern	Low Concern
Nevada	Medium Concern	Medium Concern	Medium Concern	Medium Concern
New Hampshire	Low Concern	Low Concern	Low Concern	Low Concern
New Jersey	High Concern	High Concern	High Concern	High Concern
New Mexico	Low Concern	Low Concern	Medium Concern	Low Concern
New York	High Concern	High Concern	High Concern	High Concern
North Carolina	Medium Concern	Medium Concern	High Concern	High Concern
North Dakota	Low Concern	Low Concern	Low Concern	Low Concern

State	HCBS FFS User	HCBS MC User	HCBS FFS Expenditure	HCBS MC Expenditure
Ohio	High Concern	High Concern	Medium Concern	Medium Concern
Oklahoma	Medium Concern	Low Concern	Medium Concern	Low Concern
Oregon	Low Concern	Low Concern	Low Concern	High Concern
Pennsylvania	Medium Concern	Medium Concern	High Concern	High Concern
Rhode Island	Medium Concern	Medium Concern	Medium Concern	Medium Concern
South Carolina	Low Concern	Medium Concern	Low Concern	Medium Concern
South Dakota	Medium Concern	Unclassified	Medium Concern	Unclassified
Tennessee	Medium Concern	Low Concern	Medium Concern	Low Concern
Texas	Low Concern	Medium Concern	Low Concern	Medium Concern
Utah	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Vermont	High Concern	High Concern	High Concern	High Concern
Virginia	Medium Concern	Medium Concern	Low Concern	Medium Concern
Washington	Low Concern	Medium Concern	Medium Concern	Medium Concern
West Virginia	Low Concern	Low Concern	Low Concern	Medium Concern
Wisconsin	Low Concern	Medium Concern	Low Concern	Medium Concern
Wyoming	Low Concern	Unclassified	Low Concern	Unclassified

Source: Mathematica's analysis of the 2023 TAF Release 1, CY 2024 CMS-64, 2023 TAF Release 1 DQ Atlas, and 2023 Medicaid and CHIP Scorecard.

Note: Analysis includes 50 states and the District of Columbia.

CHIP = Children's Health Insurance Program; CY = calendar year; DQ = data quality; HCBS = home and community-based services; FFS = fee-for-service; MC = managed care; TAF = Transformed Medicaid Statistical Information System Analytic File.

Table 3. ILTSS TAF DQ measure ratings by state, 2023

State	ILTSS FFS Users	ILTSS MC Users	ILTSS FFS Expenditures	ILTSS MC Expenditures
Alabama	Low Concern	Low Concern	Low Concern	Low Concern
Alaska	Low Concern	Unclassified	Low Concern	Unclassified
Arizona	Medium Concern	Medium Concern	Low Concern	Medium Concern
Arkansas	Medium Concern	Low Concern	Medium Concern	Low Concern
California	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Colorado	Medium Concern	High Concern	Medium Concern	High Concern
Connecticut	Low Concern	Unclassified	Low Concern	Unclassified
Delaware	Low Concern	Low Concern	Medium Concern	Low Concern
District of Columbia	Low Concern	Medium Concern	Medium Concern	Medium Concern
Florida	Low Concern	Medium Concern	High Concern	High Concern
Georgia	Low Concern	Low Concern	Low Concern	Low Concern
Hawaii	High Concern	Low Concern	High Concern	Low Concern
Idaho	Low Concern	Low Concern	Medium Concern	Low Concern
Illinois	Low Concern	Medium Concern	Medium Concern	Medium Concern
Indiana	Low Concern	Low Concern	Medium Concern	Low Concern
Iowa	Low Concern	Low Concern	Medium Concern	Low Concern
Kansas	Low Concern	Low Concern	Low Concern	Low Concern
Kentucky	Low Concern	Medium Concern	Low Concern	Medium Concern
Louisiana	Low Concern	Low Concern	Low Concern	Low Concern
Maine	Low Concern	Unclassified	Low Concern	Unclassified
Maryland	Medium Concern	Low Concern	Medium Concern	Low Concern
Massachusetts	Low Concern	Medium Concern	Medium Concern	Medium Concern
Michigan	Medium Concern	Low Concern	Medium Concern	Low Concern
Minnesota	Low Concern	Low Concern	Medium Concern	Low Concern
Mississippi	Low Concern	Low Concern	Low Concern	Low Concern
Missouri	Medium Concern	Low Concern	Medium Concern	Low Concern
Montana	Low Concern	Unclassified	Low Concern	Unclassified
Nebraska	Low Concern	Low Concern	Medium Concern	High Concern
Nevada	Low Concern	Low Concern	Medium Concern	Low Concern
New Hampshire	High Concern	High Concern	High Concern	High Concern
New Jersey	Low Concern	Low Concern	High Concern	Low Concern
New Mexico	Low Concern	Low Concern	Low Concern	Low Concern
New York	Low Concern	Medium Concern	Low Concern	Medium Concern
North Carolina	Low Concern	Low Concern	Low Concern	Low Concern
North Dakota	Low Concern	Low Concern	Low Concern	Low Concern
Ohio	Low Concern	Medium Concern	Medium Concern	High Concern

State	ILTSS FFS Users	ILTSS MC Users	ILTSS FFS Expenditures	ILTSS MC Expenditures
Oklahoma	Low Concern	Low Concern	Low Concern	Low Concern
Oregon	Low Concern	Medium Concern	Medium Concern	Medium Concern
Pennsylvania	Low Concern	Medium Concern	Medium Concern	Medium Concern
Rhode Island	Low Concern	Low Concern	Medium Concern	Low Concern
South Carolina	Low Concern	Low Concern	Medium Concern	Low Concern
South Dakota	Low Concern	Unclassified	Medium Concern	Unclassified
Tennessee	Low Concern	Low Concern	Medium Concern	Low Concern
Texas	Low Concern	Medium Concern	Medium Concern	Medium Concern
Utah	Medium Concern	Medium Concern	Medium Concern	Medium Concern
Vermont	Medium Concern	Low Concern	Medium Concern	Low Concern
Virginia	Low Concern	Low Concern	Low Concern	Low Concern
Washington	Medium Concern	Low Concern	Medium Concern	Low Concern
West Virginia	Medium Concern	Low Concern	Medium Concern	Medium Concern
Wisconsin	Medium Concern	Medium Concern	High Concern	Medium Concern
Wyoming	Low Concern	Unclassified	Medium Concern	Unclassified

Source: Mathematica's analysis of the 2023 TAF Release 1, CY 2024 CMS-64, and 2023 TAF Release 1 DQ Atlas.

Note: Analysis includes 50 states and the District of Columbia.

CY = calendar year; DQ = data quality; ILTSS = institutional long-term services and supports; FFS = fee-for-service; MC = managed care; TAF = Transformed Medicaid Statistical Information System Analytic File.

Abbreviations for Table 4

ACS	American Community Survey
CMC	comprehensive managed care
CMS-64	The form CMS-64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program
DE	Demographic and Eligibility (TAF enrollment file)
DQ	data quality
DSH	disproportionate share hospital
FY	fiscal year
HCBS	home and community-based services
ICF/IID	intermediate care facility for individuals with intellectual disabilities
ILTSS	institutional long-term services and supports
FFS	fee-for-service
LT	Long-Term Care (TAF claims file)
LTSS	long-term services and supports
MC	managed care
MFP	Money Follows the Person demonstration
MSIS ID	Medicaid Statistical Information System identification number
OT	Other Services (TAF claims file)
PACE	Program of All-Inclusive Care for the Elderly
PAS	personal assistance services
TAF	T-MSIS Analytic Files
T-MSIS	Transformed Medicaid Statistical Information System

Table 4. Data notes for LTSS Annual Expenditures and Users, Calendar Year 2023 TAF Data

State	State feedback notes	2023 TAF DQ notes
Alabama	• Alabama indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of header and line records compared to other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1905(a) state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ DQ Atlas reported dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.
Alaska	• Alaska indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ We identified section 1905(a) state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64 *(HCBS FFS users, HCBS FFS expenditures).* • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1905(a) state plan private duty nursing services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
Arizona	• Arizona indicated user counts and expenditures provided in the output are in alignment with expected values.	• **LTSS TAF DQ measure component notes** ○ We identified ICF/IID users in the TAF, but the state did not report ICF/IID expenditures in the CMS-64 (*ILTSS FFS users*). ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter header records (*ILTSS MC users, ILTSS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the number of CMC plans with no encounter header records (*HCBS MC users, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern due to the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
Arkansas	• Arkansas did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of high concern because they have an unusually high volume of CMC header and line records compared with other states (*HCBS MC users, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file.

State	State feedback notes	2023 TAF DQ notes
California	• California indicated that their section 1915(i) state plan HCBS benefit user counts and expenditures were lower than expected. These user counts and expenditures may be underestimated when compared to other reports and/or data sources. • California indicated that their section 1915(j) self-directed PAS option user counts and expenditures were lower than expected. These user counts and expenditures may be underestimated when compared to other reports and/or data sources. • California indicated that their section 1915(k) Community First Choice option user counts and expenditures were lower than expected. These user counts and expenditures may be underestimated when compared to other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures*). ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans that had no encounter header records (*ILTSS MC users, ILTSS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the number of CMC plans that had no encounter header records and an unusually low volume of CMC encounter header records compared to other states (*HCBS MC users, HCBS MC expenditures).* ○ DQ Atlas reported OT files are of high concern due to the percentage of FFS claims with zero, missing, or negative payment amounts (*HCBS FFS expenditures).* ○ DQ Atlas reported OT files are of high concern due to the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(i) state plan HCBS benefit expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1915(k) Community First Choice option FFS expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ DQ Atlas reported service tracking claims are unusable due to a high percentage of service tracking claims with problematic MSIS ID values, missing service tracking type codes, or missing service tracking payment. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
Colorado	• Colorado indicated that their section 1905(a) state plan private duty nursing services are being captured under the section 1905(a) state plan home health services category.	• **LTSS TAF DQ measure component notes** ○ We identified MC nursing facility users in the TAF but no MC nursing facility expenditures in the TAF (*ILTSS MC users, ILTSS MC expenditures*). ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(i) state plan HCBS benefit expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1905(a) state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ We identified reported section 1905(a) state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file.
Connecticut	• Connecticut indicated that they have mental health facility-DSH payments. However, mental health facility-DSH expenditures for Connecticut are reported as $0 in the output because there were no TAF claims that met the criteria for this service category.	• **LTSS TAF DQ measure component notes** ○ State received low concern or unclassified ratings for all measures. • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1905(a) state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ We identified section 1905(a) state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64.

State	State feedback notes	2023 TAF DQ notes
Delaware	• Delaware indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to the difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of header records compared to other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(j) authority. ○ We identified section 1915(i) state plan HCBS benefit FFS users and FFS expenditures in the TAF, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF.

State	State feedback notes	2023 TAF DQ notes
District of Columbia	• The District of Columbia did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to the difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported LT files are of medium concern due to the number of CMC plans with no encounter records (*ILTSS MC users, ILTSS MC expenditures*). ○ We identified section 1905(a) state plan case management services FFS users and FFS expenditures in the TAF, but the District did not report expenditures for that category in the CMS-64 (*HCBS FFS users*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of CMC plan encounter header and line records compared to other states (*HCBS MC users, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The District reported section 1915(i) state plan HCBS benefit expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The District reported section 1915(k) Community First Choice option FFS expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The District reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF.

State	State feedback notes	2023 TAF DQ notes
Florida	• Florida indicated user counts and expenditures provided in the output are in alignment with expected values.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are unusable due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported LT files are of high concern due to the percentage of MC encounters with zero, missing, or negative payment amounts (*ILTSS MC expenditures).* ○ DQ Atlas reported LT files are of medium concern due to the number of CMC plans with no encounter records (*ILTSS MC users, ILTSS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern due to the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures).* ○ DQ Atlas reported OT files are of medium concern due to the number of CMC plans with no encounter records (*HCBS MC users, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(k) Community First Choice option FFS and MC users and expenditures in the TAF. However, we did not identify users that met the criteria for that category in the DE file, the state did not report FFS or MC expenditures for that category in the CMS-64, and the state did not have section 1915(k) authority. ○ We identified section 1905(a) state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(j) self-directed PAS option users in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified section 1915(i) state plan HCBS benefit users and expenditures in the OT file, but we did not identify section 1915(i) state plan HCBS benefit users in the DE file, and the state did not have section 1915(i) authority.

State	State feedback notes	2023 TAF DQ notes
Georgia	• Georgia did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of header and line records compared to other states (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). ○ DQ Atlas reported OT files are of medium concern due to the percentage of MC encounters with zero, missing, or negative payment amounts (HCBS MC expenditures). ○ DQ Atlas reported OT files are of medium concern due to an unusually low volume of CMC encounter header and line records compared to other states (HCBS MC users, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF.
Hawaii	• Hawaii indicated that they do not have a MC section 1915(c) waiver program. However, MC section 1915(c) waiver program users and expenditures for Hawaii are included in the output because the state had TAF claims that met the criteria for this service category. • Hawaii indicated that they do not deliver ICF/IID services through MC. However, MC ICF/IID users and expenditures for Hawaii are included in the output because the state had TAF claims that met the criteria for this service category. • Hawaii indicated that their total HCBS user count was lower than expected. This user count may be underestimated when compared to other reports and/or data sources. • Hawaii indicated that their total LTSS user count was lower than expected. This user count may be underestimated when compared to other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ The state reported nursing facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of header and line records compared to other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern due to an unusually low volume of CMC encounter header records compared to other states (*HCBS MC users, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1905(a) state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
Idaho	• Idaho indicated user counts and expenditures provided in the output are in alignment with expected values.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 and did not have section 1915(j) authority (*HCBS FFS users, HCBS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan case management services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file.
Illinois	• Illinois indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to the number of CMC plans with no encounter records (ILTSS MC users, ILTSS MC expenditures). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported LT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (ILTSS MC expenditures). ○ DQ Atlas reported OT files are of medium concern due to the number of CMC plans with no encounter records and an unusually high volume of encounter header records (HCBS MC users, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1905(a) state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
Indiana	• Indiana did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ We identified section 1915(j) self-directed PAS option FFS and MC users and expenditures in the OT file, but the state did not report FFS expenditures for that category in the CMS-64 and did not have section 1915(j) authority (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified section 1905(a) state plan case management services FFS users and expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64.
Iowa	• Iowa did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(i) state plan HCBS benefit expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1915(k) Community First Choice option MC expenditures in the CMS-64, but we did not identify MC users or MC expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan private duty nursing expenditures in the CMS-64 but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file. ○ A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.

State	State feedback notes	2023 TAF DQ notes
Kansas	• Kansas indicated that their FFS section 1905(a) state plan case management services user counts and expenditures were higher than expected. These user counts and expenditures may be overestimated when compared to other reports and/or data sources. • Kansas indicated that their MC nursing facility expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. • Kansas indicated that their MC ICF/IID expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. • Kansas indicated that their FFS ICF/IID expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ State received low concern or unclassified ratings for all measures. • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1905(a) state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64.
Kentucky	• Kentucky indicated that they have an MFP demonstration. However, MFP users and expenditures for Kentucky are reported as 0 in the output because there were no TAF claims that met the criteria for this service category.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to the number of CMC plans with no encounter records (*ILTSS MC users, ILTSS MC expenditures*). ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 and did not have section 1915(j) authority (*HCBS FFS users, HCBS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported PACE expenditures in the CMS-64 and we identified PACE users in the DE file, but we did not identify capitation payments to PACE plans in the OT file.

State	State feedback notes	2023 TAF DQ notes
Louisiana	• Louisiana did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported OT files are of high concern because they have an unusually high volume of CMC header records compared with other states (*HCBS MC users, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually high volume of header records compared with other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF.
Maine	• Maine did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ State received low concern or unclassified ratings for all measures. • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file.

State	State feedback notes	2023 TAF DQ notes
Maryland	• Maryland did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures*). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually high volume of header records compared with other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of CMC encounter line records per 1,000 enrolled months compared with other states (*HCBS MC users, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(k) Community First Choice option users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified section 1915(i) state plan HCBS benefit users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
Massachusetts	• Massachusetts indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans that had no encounter header records (*ILTSS MC users, ILTSS MC expenditures*). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported LT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*ILTSS MC expenditures*). ○ DQ Atlas reported OT files are of high concern because they have an unusually high volume of header records compared with other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of high concern because they have an unusually high volume of CMC header records compared with other states (*HCBS MC users, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(j) authority. • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF.

State	State feedback notes	2023 TAF DQ notes
Michigan	• Michigan did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures*). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*HCBS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(i) state plan HCBS benefit FFS users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file, and the state did not report expenditures for that category in the CMS-64.
Minnesota	• Minnesota indicated that their MC LTSS user counts and expenditures were lower than expected. These user counts and expenditures may be underestimated when compared to other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of high concern because they have an unusually high volume of line records compared with other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1915(k) Community First Choice option users in the DE file, but we did not identify users or expenditures for that category in the OT file.

State	State feedback notes	2023 TAF DQ notes
Mississippi	• Mississippi did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ We identified section 1905(a) state plan case management services FFS users and expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 (*HCBS FFS users*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of header records compared with other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(i) state plan HCBS benefit expenditures in the CMS-64 and section 1915(i) state plan HCBS benefit users in the DE file, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the OT file. ○ We identified section 1915(j) self-directed PAS option in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(j) authority. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the OT file. ○ A high percentage of expenditures across all four claims files do not link to an eligibility record in the month of service.
Missouri	• Missouri did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the percentage of FFS claims with zero, missing, or negative payment amounts (*HCBS FFS expenditures).* ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of CMC header and line encounter records compared with other states (*HCBS MC users, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(c) waiver program users and expenditures in the OT file, but we did not identify users for that category in the DE file.

State	State feedback notes	2023 TAF DQ notes
Montana	• Montana did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ State received low concern or unclassified ratings for all measures. • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(k) Community First Choice option FFS expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file.
Nebraska	• Nebraska indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are unusable because of the percentage of MC encounters with zero, missing, or negative payment amounts (*ILTSS MC expenditures*) ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ We identified section 1905(a) state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64 (*HCBS FFS users*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan case management services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF.

State	State feedback notes	2023 TAF DQ notes
Nevada	• Nevada indicated that they do not have a MC section 1915(c) waiver program. However, MC section 1915(c) waiver program users and expenditures for Nevada are included in the output because the state had TAF claims that met the criteria for this service category. • Nevada indicated that they have section 1905(a) state plan private duty nursing services. However, section 1905(a) state plan private duty nursing services users and expenditures for Nevada are reported as 0 in the output because there were no TAF claims that met the criteria for this service category.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of header records compared to other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of CMC encounter header and line records compared to other states (*HCBS MC users, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(i) state plan HCBS benefit users in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.
New Hampshire	• New Hampshire indicated that their nursing facility expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. • New Hampshire indicated that their ICF/IID expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are unusable due to a high percentage of missing or invalid type of service codes (ILTSS FFS users, ILTSS MC users, ILTSS FFS expenditures, ILTSS MC expenditures). ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported LT files are of high concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (ILTSS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified ICF/IID MC users but no MC expenditures in the TAF. ○ We identified section 1915(k) Community First Choice option users in the DE file, but we did not identify users or expenditures that met the criteria for that category in the OT file.

State	State feedback notes	2023 TAF DQ notes
New Jersey	• New Jersey did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of high concern because they have an unusually high volume of header records compared with other states (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). ○ DQ Atlas reported OT files are of high concern because they have an unusually high volume of CMC header records compared with other states (*HCBS MC users, HCBS MC expenditures*). ○ We identified section 1915(c) waiver program FFS users and FFS expenditures in the OT file, but the state did not have section 1915(c) authority (*HCBS FFS users, HCBS FFS expenditures)* ○ DQ Atlas reported OT files are of high concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified section 1915(c) waiver program FFS users and FFS expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
New Mexico	• New Mexico did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 and did not have section 1915(j) authority (*HCBS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported PACE expenditures in the CMS-64, but we did not identify PACE users or capitation payments to PACE plans in the OT file. ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
New York	• New York did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter records (ILTSS MC users, ILTSS MC expenditures). ○ We identified section 1915(i) state plan HCBS benefit users and expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 and did not have section 1915(i) authority (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(k) Community First Choice option expenditures in the CMS-64, but we did not identify users or expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file. However, we did not identify users in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(j) authority. ○ We identified section 1915(i) state plan HCBS benefit FFS users and FFS expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
North Carolina	• North Carolina indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported OT files are of medium concern because they have an unusually high volume of header records compared to other states (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). ○ DQ Atlas reported OT files are of medium concern because they have an unusually high volume of CMC header records compared with other states (HCBS MC users, HCBS MC expenditures). ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file, but the state did not have section 1915(j) authority (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported section 1915(c) waiver program expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF.
North Dakota	• North Dakota did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ State received low concern or unclassified ratings for all measures. • **Additional TAF DQ notes that did not contribute to measure ratings** ○ No issues identified.

State	State feedback notes	2023 TAF DQ notes
Ohio	• Ohio indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for Ohio are included in the output because the state had TAF claims that met the criteria for this service category. • Ohio indicated that they have a section 1915(i) state plan HCBS benefit. However, section 1915(i) state plan HCBS benefit users and expenditures for Ohio are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. • Ohio indicated that they have an MFP demonstration. However, section MFP demonstration users and expenditures for Ohio are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. • Ohio indicated that their state's users and expenditures for section 1905(a) state plan personal care services are not as anticipated; the state did not specify the directionality of the difference observed.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter header records (*ILTSS MC users, ILTSS MC expenditures*). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported LT files are of high concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*ILTSS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of CMC header records per 1,000 enrolled months compared with other states (*HCBS MC users, HCBS MC expenditures*). ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 and the state did not have section 1915(j) authority (*HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(i) state plan HCBS benefit expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(j) self-directed PAS option users in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file.

State	State feedback notes	2023 TAF DQ notes
Oklahoma	• Oklahoma indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 and the state did not have section 1915(j) authority (*HCBS FFS users, HCBS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file.
Oregon	• Oregon did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter header records (ILTSS MC users, ILTSS MC expenditures). ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported LT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (ILTSS MC expenditures). ○ DQ Atlas reported OT files are of high concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(i) state plan HCBS benefit users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified section 1915(k) Community First Choice option users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file.

State	State feedback notes	2023 TAF DQ notes
Pennsylvania	• Pennsylvania indicated that their state's MC MFP users and expenditures data may not align with users and expenditures data in other reports and/or data sources. • Pennsylvania indicated that their state's section 1915(j) self-directed PAS option users and expenditures data may not align with users and expenditures data in other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter header records (ILTSS MC users, ILTSS MC expenditures). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported OT files are of medium concern because of the number of CMC plans with no encounter header records and a high number of header records compared to other states (HCBS MC users, HCBS MC expenditures). ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(j) authority (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1905(a) state plan private duty nursing services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64.

State	State feedback notes	2023 TAF DQ notes
Rhode Island	• Rhode Island did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported OT files are of medium concern because they have an unusually high volume of header records compared to other states (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). ○ We identified section 1915(c) waiver program users and expenditures in the OT file, but the state did not have section 1915(c) authority (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(i) state plan HCBS benefit FFS users and expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(i) authority. ○ We identified section 1915(j) self-directed PAS option FFS users and expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(j) authority. ○ We identified section 1915(k) Community First Choice FFS option users and expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(k) authority. ○ We identified section 1915(c) waiver program users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported section 1905(a) state plan case management services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS. ○ A high percentage of beneficiaries have a missing ZIP code in the DE file.

State	State feedback notes	2023 TAF DQ notes
South Carolina	• South Carolina did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of CMC line records per 1,000 enrolled months compared with other states (HCBS MC users, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ No issues identified.

State	State feedback notes	2023 TAF DQ notes
South Dakota	• South Dakota indicated that they do not have a section 1915(i) state plan HCBS benefit. However, section 1915(i) state plan HCBS benefit users and expenditures for South Dakota are included in the output because the state had TAF claims that met the criteria for this service category. • South Dakota indicated that they have section 1905(a) state plan personal care services. However, section 1905(a) state plan personal care services users and expenditures for South Dakota are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. • South Dakota indicated that they have section 1905(a) state plan home health services. However, section 1905(a) state plan home health services users and expenditures for South Dakota are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. • South Dakota indicated that they have section 1905(a) state plan rehabilitative services. However, section 1905(a) state rehabilitative services users and expenditures for South Dakota are reported as 0 in the output because there were no TAF claims that met the criteria for this service category.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of medium concern because they have an unusually high volume of header records compared with other states (*HCBS FFS users, HCBS FFS expenditures).* ○ DQ Atlas reported OT files are of medium concern because of the percentage of FFS claims with zero, missing, or negative payment amounts *(HCBS FFS expenditures*). ○ We identified section 1915(i) state plan HCBS benefit FFS users and FFS expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 and did not have section 1915(i) authority (*HCBS FFS users, HCBS FFS expenditures)*. ○ We identified section 1905(a) state plan private duty nursing services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64 (*HCBS FFS users, HCBS FFS expenditures).* • **Additional TAF DQ notes that did not contribute to measure ratings** ○ The state reported section 1905(a) state plan home health services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(i) state plan HCBS benefit FFS users and FFS expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file.

State	State feedback notes	2023 TAF DQ notes
Tennessee	• Tennessee indicated that their nursing facility user count and expenditures were lower than expected. These user counts and expenditures may be underestimated when compared to other reports and/or data sources. • Tennessee indicated that their ICF/IID user count and expenditures were higher than expected. These user counts and expenditures may be overestimated when compared to other reports and/or data sources. • Tennessee indicated that their mental health facility user count was higher than expected, and expenditures were lower than expected. These user counts and expenditures may differ when compared to other reports and/or data sources. • Tennessee indicated that their section 1905(a) state plan home health services user count was higher than expected. These user counts may be overestimated when compared to other reports and/or data sources. • Tennessee indicated that their section 1905(a) state plan personal care services user count was lower than expected. These user counts may be underestimated when compared to other reports and/or data sources. • Tennessee indicated that they have section 1905(a) state plan private duty nursing services. However, the section 1905(a) state plan private duty nursing users and expenditures for Tennessee are reported as 0 in the output because there were no TAF claims that met the criteria for this service category.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of high concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ We identified section 1905(a) state plan home health services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64 (*HCBS FFS users, HCBS FFS expenditures*). ○ We identified section 1905(a) state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64 (*HCBS FFS users, HCBS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(j) authority. ○ We identified section 1905(a) state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64. ○ We identified section 1915(c) waiver program users in the OT file, but we did not identify users that met the criteria for that category in the DE file.

State	State feedback notes	2023 TAF DQ notes
Tennessee (*continued*)	• Tennessee indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for Tennessee are included in the output as the state had claims in TAF that met the criteria for this service category. • Tennessee indicated that their section 1905(a) state plan rehabilitative services user count and expenditures were higher than expected. These user counts and expenditures may be overestimated when compared to other reports and/or data sources. • Tennessee indicated that their section 1905(a) state plan case management services user count and expenditures were higher than expected. These user counts and expenditures may be overestimated when compared to other reports and/or data sources.	

State	State feedback notes	2023 TAF DQ notes
Texas	• Texas did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter header records (*ILTSS MC users, ILTSS MC expenditures*). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the number of CMC plans with no encounter header records (*HCBS MC users, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ The state reported section 1915(k) Community First Choice option MC expenditures in the CMS-64, but we did not identify users that met the criteria for that category in the DE file, and we did not identify MC users or MC expenditures that met the criteria for that category in the OT file; instead, we identified section 1915(k) Community First Choice option FFS users and FFS expenditures in the OT file. ○ A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2023 TAF DQ notes
Utah	• Utah indicated that they do not have a section 1915(k) Community First Choice option. However, section 1915(k) Community First Choice option users for Utah are included in the output because the state had TAF claims that met the criteria for this service category. • Utah indicated that they have section 1905(a) state plan private duty nursing services users and expenditures. However, section 1905(a) state plan private duty nursing services users and expenditures for Utah are reported as 0 in the output because there were no TAF claims that met the criteria for this service category.	• **LTSS TAF DQ measure component notes** ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (ILTSS FFS users, ILTSS FFS expenditures). ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter header records (ILTSS MC users, ILTSS MC expenditures). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported LT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (ILTSS MC expenditures). ○ DQ Atlas reported OT files are of medium concern because they have an unusually low volume of header and line records compared to other states (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures). ○ DQ Atlas reported OT files are of high concern because of the number of CMC plans with no encounter header records and because they have an unusually low volume of CMC plan encounter header and line records compared to other states (HCBS MC users, HCBS MC expenditures). ○ DQ Atlas reported OT files are of medium concern because of the percentage of FFS records with zero, missing, or negative payment amounts (HCBS FFS expenditures). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(k) Community First Choice option FFS users in the OT file. However, we did not identify users that met the criteria for that category in the DE file, we did not identify expenditures that met the criteria for that category in the OT file, the state did not report FFS expenditures for that category in the CMS-64, and state did not have section 1915(k) authority. ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ DQ Atlas reported dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.

State	State feedback notes	2023 TAF DQ notes
Vermont	• Vermont indicated that their nursing facility expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources. • Vermont indicated that they have mental health facility expenditures. However, mental health facility expenditures for Vermont are reported as $0 in the output because there were no TAF claims that met the criteria for this service category. • Vermont indicated that their section 1905(a) state plan case management services expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (ILTSS FFS users, ILTSS FFS expenditures). ○ The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (ILTSS FFS users, ILTSS FFS expenditures). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ We identified section 1915(c) waiver program FFS users and expenditures and MC users in the OT file, but the state did not have section 1915(c) authority and we did not identify section 1915(c) waiver program MC expenditures (HCBS FFS users, HCBS MC users, HCBS FFS expenditures). ○ DQ Atlas reported OT files are unusable because of the percentage of MC encounters with zero, missing, or negative payment amounts (HCBS MC expenditures). ○ DQ Atlas reported OT files are of high concern because of the percentage of FFS claims with zero, missing, or negative payment amounts (HCBS FFS expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ DQ Atlas reported OT files are of medium concern because they have an unusually high volume of header records compared to other states (HCBS FFS users, HCBS MC users, HCBS FFS expenditures, HCBS MC expenditures) ○ The state reported section 1905(a) state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified section 1915(c) waiver program FFS users and expenditures and MC expenditures in the OT file, but we did not identify section 1915(c) waiver program users in the DE file. ○ We identified MFP demonstration services users in the DE file, but we did not identify that met the criteria for that category users in the OT file. ○ A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment. ○ DQ Atlas reported primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS. ○ A high percentage of beneficiaries have a missing ZIP code in the DE file.

State	State feedback notes	2023 TAF DQ notes
Virginia	• Virginia did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ We identified section 1905(a) state plan personal care services FFS users in the TAF, but the state did not report expenditures for that category in the CMS-64 (HCBS FFS users). ○ DQ Atlas reported OT files are of medium concern because of an unusually low volume of CMC encounter line records compared to other states (HCBS MC users, HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1905(a) state plan personal care services FFS expenditures in the TAF, but the state did not report expenditures for that category in the CMS-64 (*HCBS FFS expenditures).*
Washington	• Washington indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for Washington are included in the output as the state had claims in TAF that met the criteria for this service category.	• **LTSS TAF DQ measure component notes** ○ The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (ILTSS FFS users, ILTSS FFS expenditures). ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (ILTSS FFS expenditures). ○ DQ Atlas reported OT files are of medium concern because of an unusually low volume of CMC encounter header and line records compared to other states (HCBS MC users, HCBS MC expenditures). ○ We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not report expenditures for that category in the CMS-64 and the state did not have section 1915(j) authority (HCBS FFS expenditures). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (HCBS MC expenditures). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option users in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified section 1915(k) Community First Choice option users in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified section 1905(a) state plan rehabilitative services FFS users and expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64.

State	State feedback notes	2023 TAF DQ notes
West Virginia	• West Virginia indicated that some of their section 1915(c) waiver program users and expenditures are being captured under the section 1915(j) self-directed PAS option category. • West Virginia indicated that their state's MC users and expenditures data may not align with MC users and expenditures data in other reports and/or data sources.	• **LTSS TAF DQ measure component notes** ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures)*. ○ DQ Atlas reported LT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*ILTSS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the percentage of MC encounters with zero, missing, or negative payment amounts (*HCBS MC expenditures*). ○ We identified section 1915(j) self-directed PAS option users and expenditures in the OT file, but the state did not report expenditures for that category in the CMS-64 (*HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(j) self-directed PAS option users in the OT file, but we did not identify users that met the criteria for that category in the DE file and the state did not have section 1915(j) authority.

State	State feedback notes	2023 TAF DQ notes
Wisconsin	• Wisconsin did not respond to the request for feedback.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are unusable due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). ○ The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF (*ILTSS FFS users, ILTSS FFS expenditures).* ○ DQ Atlas reported LT files are of medium concern because of the number of CMC plans with no encounter header records (*ILTSS MC users, ILTSS MC expenditures*). ○ DQ Atlas reported OT files are of medium concern because of the low volume of CMC encounter line records compared to other states (*HCBS MC users, HCBS MC expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ We identified section 1915(i) state plan HCBS benefit FFS users and FFS expenditures in the OT file. However, we did not identify users that met the criteria for that category in the DE file, the state did not report expenditures for that category in the CMS-64, and the state did not have section 1915(i) authority. ○ The state reported section 1905(a) state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ The state reported section 1905(a) state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures that met the criteria for that category in the TAF. ○ We identified PACE users and capitation payments to PACE plans in the OT file, but the state did not report expenditures for that category in the CMS-64. ○ We identified section 1915(j) self-directed PAS option users in the OT file, but we did not identify users that met the criteria for that category in the DE file. ○ We identified MFP demonstration services users in the DE file, but we did not identify users that met the criteria for that category in the OT file.
Wyoming	• Wyoming indicated that they do not have any feedback on their state's output.	• **LTSS TAF DQ measure component notes** ○ DQ Atlas reported LT files are of medium concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data (*ILTSS FFS expenditures*). • **Additional TAF DQ notes that did not contribute to measure ratings** ○ No issues identified.

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